



HAWAI`I STATE HEALTH PLANNING AND DEVELOPMENT AGENCY

Mailing Address: P.O. Box 3378, Honolulu, HI 96801 Phone: 587-0788 Fax: 587-0783 E-Mail: shpda@shpda.org

(agency use only)

CERTIFICATE OF NEED PROGRAM -EXEMPTION APPLICATION (Please Complete Both Sides)

Certificate of Need exemption per Chapter 323D-54(10) Hawai`i Revised Statutes.

APPLICANT PROFILE

Project Title: _____

Project Address: _____

Applicant Facility/Organization: _____

Name of CEO or equivalent: _____

Title: _____

Address: _____

Phone Number: _____ Fax Number: _____

Contact Person for this Application: _____

Title: _____

Address: _____

Phone Number: _____ Fax Number: _____

1. This project is exempt from Certificate of Need because of the following state obligation (please check the appropriate box):

_____ The "Felix Consent Decree"

_____ The Hawai'i State Hospital Settlement Agreement

_____ Other (specify) _____

2. Please submit **all** the following documents with this application.

- A. Articles of Incorporation, or other documents establishing the existence of the applicant entity. Include the names of the Officers.
- B. By-Laws
- C. Evidence of site control for the project, for example, a lease, a deed, a "DROA" (Deposit, Receipt, Offer and Acceptance), etc.
- D. A copy of your contract with the State demonstrating that you are a provider of the "exempt" service.

3. Please be aware that the Certificate of Need exemption is only for facilities that are wholly dedicated to the exempt category. As such, service to any other patient/client is prohibited.

CERTIFICATION BY APPLICANT

I hereby attest that I reviewed the application and have knowledge of the content and the information contained herein. I declare that the project described and each statement amount and supporting documentation included is true and correct to the best of my knowledge and belief. I declare that this facility will be wholly dedicated to the exempt category of patient or client, and that no other patient or client will be admitted. I understand that a Certificate of Need will be required to serve any other patients or clients, and that in the event we wish to serve other patients or clients, we will not do so until a Certificate of Need is applied for and received from the Agency. I further understand that should we serve clients outside the exempt category without a prior Certificate of Need, we may be subject to penalty and/or fine.

Signature

Date

Name (please type or print)

Title (please type or print)